

Substitute for Form PTO-875

Application or Docket Number

09 670900

(Column 1)

(Column 2)

OR

OTHER THAN
SMALL ENTITY

RATE (\$)	FEE (\$)
X	=
X	=
TOTAL	

TOTAL

TOTAL

1. *Journal of the American Medical Association*, 273, 1995, 1031-1035.

12/4/07

(Column 1)

(Column 2)

(Column 3)

OR

**'OTHER THAN'
SMALL ENTITY**

	RATE (\$)	ADDITIONAL FEE (\$)
OR	x 50 =	100.00
OR	x 200 =	
OR		
OR	TOTAL ADD'L FEE	100.00

TOTAL	
ADD'L FEE	

TOTAL	
ADD'L FEE	

100 DE

	RATE (\$)	ADDITIONAL FEE (\$)
OR	X =	
OR	X =	
OR		
OR	TOTAL ADD'L FEE	

TOTAL
ADD'L FEE

TOTAL
ADD'L FEE

1

- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.